of the case was traceable ten years back. In this case there appeared to be a strong tendency to the formation of uric acid, and consequent waste—his weight being usually 180, but decreased to 143. It seemed to him that a pathological connection may yet be found between exophthalmos and polyuria—the origin of both being apparently influenced through the vaso-motor system, and amenable to the same treatment. In the second case the attack was sudden, and she was passing 20 pints when he first saw her and increased to 25¾ pints in twenty-four hours, and gradually diminished to 15 pints, at which time she went to England and was considerably benefited. He saw her after her return and she was then passing 10 pints in twenty-four hours, had a good appetite and was enjoying life fairly well. Her thirst was very great, and continues in a less degree. In this case there was retroversion and retroflexion of the uterus. She had one child over eight years ago, but has not been pregnant since. The specific gravity of the urine was 1.002, and increased to 1.005. Her skin was continuously dry and harsh—menstruation had ceased for some months. Ergot did no good in this case. The benefit derived was from gallic acid, in xv. gr. doses, thrice daily. She is not taking any medicine at present, and drinks tea and coffee, and says that she is determined to enjoy life while she can.

Dr. George Harley, London, Eng., objected to the term diabetes insipidus, and preferred the term polyuria. Lay people feared the word diabetes, and could not draw a distinction between the two varieties; the moral effect on patients, therefore, was of a very depressing character. What is the cause of polyuria? It may sometimes be connected with congestion of the kidneys, but it often exists in a state of chronic atrophy. How rapidly is the urine secreted? In making experiments with dogs, he empties the bladder with a catheter, then, in five minutes, catheterizes again. He also exposes the uretus, and watches the drops as they flow: sometimes one minim per second, in man; sometimes two drachms per minute. This must have been the case in one of Dr. Worthington's patients, where twenty-five pints were passed in twenty-four hours. What is the exciting cause? Very often this cannot be traced. You can easily make saliva flow. How easily urine flows under the influence of diuretic remedies. The kidneys are not altered, but you create a secretion, which is mechanical. In saccharine diabetes the sugar is the essence of the disease, and the quantity of water is only for the purpose of eliminating the sugar. It is something in the system which nature takes means to get rid of. Both these diseases are hereditary. He had seen a family presenting a remarkable instance of this fact. The grandfather, son, grandson, and his two boys were all diabetics; one little girl had escaped. Treatment of polyuria is very unsatisfactory; nothing is known to cure. The only satisfactory management is the care of the patient's general hygiene. Nothing less than 100 oz. per diem is to be called polyuria. He noticed specially the very low specific gravity in one of the reported cases, 1.001, which was actually lower than that of river water.

Dr. Sloan spoke of a case of polyuria where the amount of urine was very large, and the specific gravity 1.003. Iron was of no use. Bromide of potash and ergot appeared to do good.

Dr. Sheard spoke of certain cases of diabetes mellitus, in which he had opportunities of examining the brain centres. Microscopical changes had been found. He thought as microscopical investigations continued, the pathology of both these diseases would be better understood.

Dr. George Ross had found in polyuria the existence of a changed structure in the great semilunar ganglia of the sympathetic. He had found a case of polyuria in a woman who had secondary cancer of the liver. He thought the co-existence of exophthalmic goitre of great interest, as showing in the same individual disorder of another portion of the great sympathetic system.

Dr. Brome read a paper on *Impaction of the Pregnant Uterus in the Pelvis as a Cause of Abortion*, giving a report of cases which had occurred in his practice. Drs. Protheroe Smith, McMillan, and Trenholme, took part in the discussion.

Dr. Mills gave a description of the methods